

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem"

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XLI.—No. 7.]

APRIL 1ST, 1934.

PRICE NINEPENCE.

CALENDAR.

- Mon., April 2.—**Bank Holiday.**
Tues., „ 3.—Rugby Match v. Bristol. Away.
Lord Horder and Sir Charles Gordon-Watson on duty.
Fri., „ 6.—Dr. Hinds Howell and Mr. Harold Wilson on duty.
Sat., „ 7.—Rugby Match v. Torquay Athletic. Away.
Mon., „ 9.—Rugby Match v. Redruth. Away.
Tues., „ 10.—Rugby Match v. Falmouth. Away.
Dr. Gow and Mr. Girling Ball on duty.
Fri., „ 13.—Dr. Graham and Mr. Roberts on duty.
Sat., „ 14.—**Rugby Football Club: Seven-a-Side
Tournament and Dance in Aid of College
Appeal.**
Tues., „ 17.—Prof. Fraser and Prof. Gask on duty.
Fri., „ 20.—Lord Horder and Sir Charles Gordon-Watson on duty.
**Last day for receiving matter for the
May issue of the Journal.**
Mon., „ 23.—Special Subject: Clinical Lecture by Dr. Cumberbatch.
Tues., „ 24.—Dr. Hinds Howell and Mr. Harold Wilson on duty.
Wed., „ 25.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
Fri., „ 27.—Medicine: Clinical Lecture by Dr. Graham.
Dr. Gow and Mr. Girling Ball on duty.

EDITORIAL.

THE Dean has sent us the following letter:

“DEAR MR. EDITOR,—It is with the greatest pleasure that I am able to announce that, through your columns, I have succeeded in getting four other Bart.'s men to subscribe 25 guineas a year for five years, as suggested by my old friend, Dr. Eric Young.

“Having got this far I am just wondering whether there are not a few more who might take the same line.

“Yours sincerely,

“W. GIRLING BALL,

“Dean of the Medical College.”

COLLEGE APPEAL FUND.

	£	s.	d.	
Staff	12,342	14	10	(71)
Demonstrators	1,674	11	0	(67)
Students	712	0	5	(284)
Old Bart.'s men: †				
Bedfordshire	12	12	6	(4) . (26)
Berkshire	96	1	0	(14) . (37)
Buckinghamshire	74	19	0	(13) . (29)
Cambridgeshire	165	14	0	(13) . (42)
Cheshire	1	1	0	(1) . (26)
Cornwall	22	2	0	(5) . (36)
Cumberland	5	0	0	(1) . (6)
Derbyshire	19	14	0	(4) . (17)
Devonshire	547	4	0	(51) . (117)
Dorset	52	1	0	(14) . (30)
Durham	16	6	0	(3) . (11)
Essex	229	19	6	(17) . (69)
Gloucestershire	218	12	6	(20) . (66)
Hampshire	406	14	0	(38) . (134)
Herefordshire	13	3	0	(4) . (11)
Hertfordshire	73	0	0	(12) . (73)
Huntingdonshire				(1)
Isle of Wight	181	13	0	(12) . (25)
Kent	558	3	0	(64) . (146)
Lancashire	91	2	0	(11) . (82)
Leicestershire	133	12	0	(6) . (28)
Lincolnshire	47	6	0	(13) . (25)
Middlesex	382	3	0	(18) . (68)
Norfolk	159	7	6	(18) . (60)
Northamptonshire	54	4	0	(4) . (17)
Northumberland	101	1	0	(2) . (11)
Nottinghamshire	13	13	0	(2) . (28)
Oxfordshire	180	3	0	(17) . (29)
Rutland				(2)
Shropshire	35	9	0	(8) . (22)
Somersetshire	1013	10	0	(26) . (43)
Staffordshire	194	18	0	(6) . (37)
Suffolk	263	1	0	(16) . (46)
Surrey	429	16	6	(46) . (180)
Sussex	272	2	0	(48) . (170)
Warwickshire	178	1	6	(18) . (56)
Westmorland	1	0	0	(1) . (5)
Wiltshire	97	11	0	(11) . (26)
Worcestershire	149	15	6	(21) . (27)
Yorkshire	270	4	6	(21) . (101)
Wales	56	4	0	(12) . (150)
London	2,742	11	8	(174) . (971)
Channel Islands	10	0	0	(1) . (9)
Scotland	14	4	0	(4)
Abroad	48	5	0	(7)
South Africa	326	10	6	(17)
Canada	113	2	6	(8)
East Africa	62	7	0	(6)
West Africa	146	10	0	(5)

Carried forward . . . £25,011 0 11

	£	s.	d.	†
Brought forward	25,011	0	11	
India	152	0	0	(7)
Ceylon	4	0	0	(1)
Syria	2	2	0	(1)
U.S.A.	5	0	0	(1)
Ireland	14	14	0	(3)
North Africa	1	0	0	(1)
North Borneo	5	5	0	(1)
Australia	12	2	0	(3)
Egypt	4	2	0	(2)
Malay States	6	0	0	(2)
China	45	7	4	(7)
Siam	10	0	0	(1)
France	50	0	0	(1)
Trinidad	22	2	0	(2)
British West Indies	23	1	0	(3)
Kenya	10	0	0	(2)
New Zealand	2	1	0	(2)
Services	514	14	0	(33)
Others	31,592	12	7	(272)
	£57,487	3	10	

† Number of Bart.'s men in County.

It is over a year ago since Mr. Fitztaucher kindly offered his services to the Hospital to teach scientific German to anyone who cared to attend organized classes. At the inaugural meeting over forty names were placed on the preliminary list, and it was suggested that a voluntary subscription should be raised at a later date among those who supported the lectures.

At the present time the attendances have become considerably reduced, but the time is now ripe when the proposed subscription should be raised. Mr. Fitztaucher has suggested that the money collected should be given to that most deserving cause, the Samaritan Fund, and he himself has generously added his name as a donor to the list.

Will all those who put their names down at the preliminary meeting try to support this scheme and give their subscriptions to Bridle?

Dr. Philip Gosse needs no introduction to readers of the JOURNAL. His anecdotes on Mrs. Diggins, The Woodpecker, Dental Misadventures, etc., which appeared in these pages last year, are well known and it gave us great pleasure when we heard that he was publishing his war experiences in the form of a book.

Dr. Gosse is both a man of letters and a naturalist, but after reading his *Memoirs of a Camp Follower* we realized that he was something more—he is an artist. It is an artist who combines the wit, humour, beauty, beasts and birds into this literary picture; he mingles tragedy with comedy.

In the later columns of this issue we have published an annotation on this the latest of his handiwork, and after congratulating Dr. Gosse, we would advise

everybody to procure a copy and read it during their leisure hours. Copies can be obtained through the Librarian.

Rugger Seven-a-Side Tournament.

We have been asked to remind readers that the Second Annual Inter-Firm Seven-a-Side Tournament and Residents v. Chief Assistants Match will be held at Winchmore Hill on the afternoon of Saturday, April 14th.

In the evening a Dance will be held at 16, Bruton Street, and the funds raised on the day will be given to the College Appeal Fund.

Please come and bring your friends.

TENTH DECENNIAL CLUB.

We have been asked to announce that the Annual Dinner of the Tenth Decennial Club will be held at the Café Royal on Friday, May 4th, 1934. Dr. Geoffrey Evans will be in the Chair. Will any members requiring further information please apply to one or other of the secretaries, Mr. Reginald M. Vick or Dr. Arnold W. Stott?

THE ELEVENTH DECENNIAL CLUB.

The Sixth Annual Dinner of the Eleventh Decennial Club will be held on Friday, April 20th, at the Café Royal, with R. Hunt Cooke, Esq., M.D., M.R.C.P., in the Chair. Will those who have not received notices communicate with the Honorary Secretaries, Wilfred Shaw, 31, Weymouth Street, and F. C. W. Capps, 99, Harley Street?

Congratulations to the Boxing Team and the Soccer XI on winning the Inter-hospitals Cups.

HOUSE APPOINTMENTS.

The following gentlemen have been nominated to House Appointments from May 1st, 1934:

Junior House Physicians—

Lord Horder	G. O. A. Briggs.
Prof. F. R. Fraser	D. M. Thomson.
Dr. C. M. Hinds Howell	J. Smart.
Dr. A. E. Gow	D. G. ff. Edward.
Dr. G. Graham	C. M. Carr.

Junior House Surgeons—

Prof. G. E. Gask	G. Weddell.
Sir Charles Gordon-Watson	C. W. John.
Mr. Harold Wilson	P. H. R. Ghey.
Mr. W. Girling Ball	R. J. C. Sutton.
Mr. J. E. H. Roberts	S. J. Hadfield.

Intern Midwifery Assistant (Resident) W. M. Capper.

Intern Midwifery Assistant (Non-Resident) E. M. Darmady.

Extern Midwifery Assistants { A. C. L. Houlton.*

H.S. to Throat and Ear Department S. E. Birdsall.

H.S. to Ophthalmic Department J. A. Chivers.

H.S. to Skin and Venereal Departments	{ C. S. Hall-Smith.*
(Non-Resident)	{ G. T. Hindley.†
H.S. to Orthopaedic Department	R. T. Simcox.
Senior Resident Anaesthetist	B. Rait-Smith.‡
H.P. to Children's Department	A. E. Francis.
Junior Resident Anaesthetists	{ A. H. Pirie.
Non-Resident Anaesthetist	{ F. E. Wheeler.
	J. H. West.
Casualty House Physicians	{ F. Avery Jones.*
	{ H. E. D. Gale.*
	{ K. F. Stephens.*
	{ C. H. Bateman.†
	{ A. Kanaar.†
	{ J. R. Kingdon.†
Casualty House Surgeons	{ H. B. Lee.*
Dental House Surgeon	{ C. B. M. Warren.†
	H. Parker Rees.

* 3 months, May. † 3 months, August. ‡ 1 year.
Others for 6 months.

CASES FROM THE WARDS.*

"Persistently increased frequency of micturition is commonly the earliest symptom of tuberculosis of the kidney."

THE following two cases are of clinical importance, as they both illustrate the truth of the above statement:

CASE I.

Male, æt. 18: warehouseman. Admitted September 1st, 1933. "Passing urine frequently."

History.—Quite well until six months ago, when increased frequency of micturition started, which has continued until now, gradually getting worse. Other symptoms have been trivial.

Pain: Occasionally a little at the tip of the penis.

Difficulty of micturition: None.

Frequency of micturition: D/N = $\frac{1}{2}$ -1-hourly/3-4.

Stream: Normal.

Urine: Noticed to be cloudy recently; hæmaturia four days ago only; small amount at the end of micturition, and lasted one act only.

Examination.—Very healthy-looking patient.

Chest: No abnormality discovered.

Abdomen: Left ureter palpable over the pelvic brim. Right kidney just palpable.

Prostate: A small nodule on the left side.

Temperature 99.2°, pulse 84, respirations 18.

Investigations.

Urine.—Pus-cells present in large numbers; cultures sterile.

Tubercle bacilli: Seven specimens of urine examined; negative in six; the seventh contained tubercle bacilli in large numbers.

* Notes of a Clinical Lecture delivered at St. Bartholomew's Hospital on Wednesday, November 29th, 1933.

§

Urea Concentration Test.

	Urea.	Quantity of urine.
1st hour.	2.30%	65 c.c.
2nd "	2.40%	80 "
3rd "	2.60%	66 "

X-rays.—Plain films: No abnormality seen.

Uroselectan: Right kidney—normal pelvis and concentration; left kidney—dilated ureter, early hydro-nephrosis and ulceration of the upper calyx.

Cystoscopy.—Under anaesthetic. Bladder held 10 oz.

L.

R.



CASE I.—INTRAVENOUS PYELOGRAM.

Right ureteric orifice: Normal appearance, but displaced beyond the mid-line to the left side of the bladder.

Left ureteric orifice: Wide open; typical "golf-hole"; pulled up to the left; mucosa around it red and injected.

Treatment.

Nephrectomy and complete ureterectomy.

Discharged October 10th, 1933, after an uninterrupted recovery from the operation. F. = D/N = 2-hourly/1-2. Urine almost clear. Sinus nearly healed. Nodule in prostate not obvious.

January, 1934: F. = D/N = 2-hourly/1. Sinus healed.

CASE 2.

Male, æt. 35; hotel porter. Admitted August 18th, 1933. "Greatly increased frequency of micturition and pain in the back."

History.—Five months ago noticed that he could only hold his water for 30 minutes, this frequency being present day and night. At this time he had a dull pain in the groin and penis, often at night. The urine also was sometimes thick, and on one occasion was blood-stained.

He was taken into hospital for investigation. X-rays and cystoscopy revealed no abnormality. The urine was examined for tubercle bacilli, but none were found. No active treatment was carried out. The condition of the patient was improved as a result of the rest in bed, but the increased frequency of micturition persisted.

August, 1933: An exacerbation of the previous symptoms occurred, and in addition he developed a bad pain in the left loin.

On admission his symptoms were as follows:

Pain: A dull ache in the left loin, not relieved by rest.

Difficulty of micturition: Nil.

Frequency of micturition: D/N = $\frac{1}{2}$ -hourly/3-4.

Urine: Thick.

Stream: Good.

Examination.—Looks ill. Temperature 99°6', pulse 84, respirations 20.

Chest: No abnormality discovered.

Abdomen: A very large swelling in the region of the left kidney, reaching from under the costal margin almost to the iliac crest; very tender; no superficial oedema. Right kidney just palpable.

Progress.—As a result of the rest in bed the swelling in the left loin tended to subside somewhat, but the temperature still remained up, swinging up to 102°2'.

Investigations.

Urine.—Pus in large amount; cultures sterile.

Tubercle bacilli: Sixteen 24-hour specimens examined; tubercle bacilli present in small numbers in two and in large numbers in one specimen.

Blood-urea: 36 mgrm. %.

Urea Concentration Test.

	Urea.	Quantity of urine.
1st hour	2'40%	72 c.c.
2nd "	2'75%	77 "
3rd "	3'05%	50 "

X-rays.—Plain films: Right kidney appeared normal in shape and size. Left kidney not defined.

Uroselectan: Right kidney—normal concentration and normal renal pelvis.

Left kidney—almost no concentration; ? some calcification in the kidney.

Cystoscopy.—Bladder held 10 oz. of fluid.

The right ureter dragged towards the mid-line, but normal in appearance.

The left ureteric orifice dragged upwards and outwards, the mucosa around the orifice being reddened and injected; no ulceration.

Treatment.

Perinephric abscess drained. Four ounces of thick, yellowish-green pus evacuated. The pus was sterile on cultivation; no tubercle bacilli found. Wound packed.



CASE 2.—INTRAVENOUS PYELOGRAM.

Packing removed three days later, but a nephrectomy was considered to be inadvisable, and the wound was sewn up.

The temperature immediately settled. The patient got better and left the hospital four weeks after his operation.

November 1st, 1933: Seen as an out-patient. Sinus present; only small amount of discharge. Patient very well.

F. = D/N = 2-hourly/3-4. Urine still turbid and purulent. Left kidney palpable.

Advised to have the left kidney removed in three months' time.

The diagnosis of tuberculous disease of the kidney may be difficult, especially in the early stages. It is

important to recognize the condition at an early stage in order to get satisfactory results from surgical treatment.

The following facts are to be gathered from these cases:

(1) The symptoms had been present for an equal period of time in the two cases, yet the former shows relatively early, the latter advanced disease.

(2) Persistently increased frequency of micturition was, as it commonly is, the earliest symptom. It is impossible to place too much emphasis on this statement.

This frequency is characteristic and almost pathognomonic, for in addition to being present both during the day and the night, it persists over a long period. The significance of this point appears to have been recognized by the first investigator of the second case, for all his investigations were directed towards establishing the diagnosis of tuberculosis.

The doctor of the first case was not, however, aware of the importance of the symptom, for he considered that the boy's bladder contained a vesical calculus. It is rare for a stone to cause serious nocturnal disturbance.

Increased frequency of micturition is, of course, a symptom of any inflammatory condition of the bladder, but with infections other than tuberculosis it is usually transitory and seldom so severe.

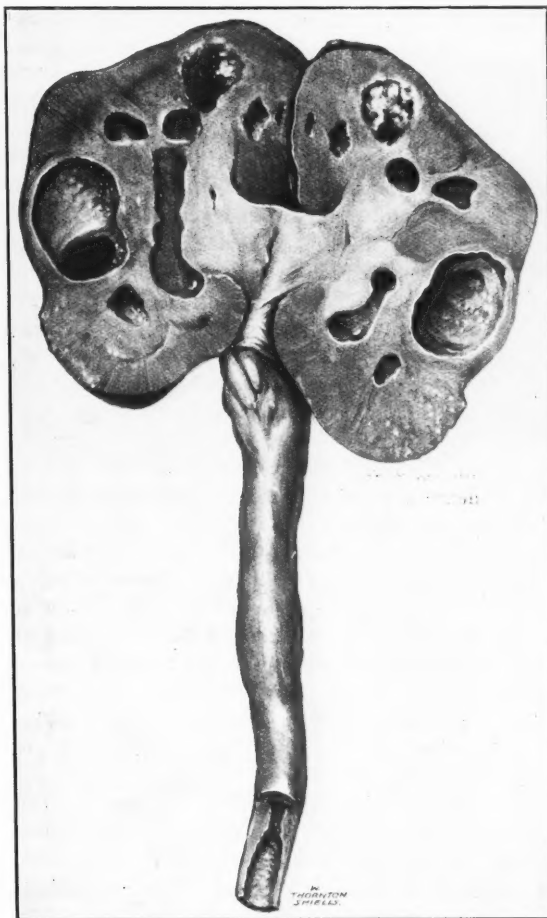
Perhaps it would be correct to say that with tuberculous infection the increased frequency is gradual in its onset, progressive, persistent and severe, whereas with other infections in the acute stage the onset is sudden, severe, diminishing and tending to disappear, even though the infection remains.

(3) The next lesson to be learned from these two cases is that a urine containing pus, in which bacteria cannot be demonstrated by the usual simple bacteriological investigations, is invariably associated with tuberculous infection.

(4) These two points taken together, namely, a persistently increased frequency of micturition with a sterile pyuria, almost amount to an axiom that the patient is suffering from tuberculosis of the urinary tract, and every effort should be directed to obtaining support for this diagnosis.

(5) It is often necessary to show great diligence and much patience in order to demonstrate the tubercle bacilli in the urine in these cases; it is obviously an important investigation to make, for if the bacilli are found the nature of the infection is clearly defined. As a matter of fact, the bacilli can almost always be demonstrated. But it must be remembered that one or two failures to find them must not negative the diagnosis. In one of these cases seven and in the other sixteen observations were required before the bacilli were found.

This is a common experience. Again, considerable care must be exercised in identifying the bacillus, especially in the female patient, for it is easily mistaken, even by experts, for the smegma bacillus—a micro-organism of no importance. In cases of doubt, especially if the clinical findings do not fit in with the diagnosis, an attempt should be made to grow the bacilli



SPECIMEN REMOVED AT OPERATION (CASE 1).

on artificial media, or an inoculation into a guinea-pig should be resorted to. Either of these procedures delays the diagnosis being made.

(6) Fortunately it is not essential for the recognition of tuberculous disease of the urinary tract that the bacilli should be demonstrated. There are other phenomena which, singly or in combination, suffice to enable a diagnosis to be made.

(7) The text of this lecture is that this type of increased frequency of micturition is commonly the first symptom

of tuberculosis of the kidney. It is, of course, a vesical symptom, but experience has taught us that vesical tuberculosis is very rarely, if ever, a primary lesion in the urinary tract; it is almost invariably secondary to a primary unilateral lesion of the kidney. Thus, the symptom indicates renal disease. Failure to recognize this fact will delay the removal of the kidney—the appropriate treatment called for. Still, there are a few cases, especially in the male, in which the genital organs house the primary focus. This must not be forgotten.

(8) The next step, therefore, is to discover which kidney is involved. Do not be put off by the fact that the patient has no renal pain. Kidney symptoms are quite commonly absent, even with the most severe degree of renal tissue destruction. In the first case, for example, the patient had no pain at all, although, as you will observe in the accompanying drawing, there was considerable damage to the kidney tissue. In the second case the pain was a symptom of secondary importance until the formation of the perinephric abscess caused it to become severe.

(9) The presence of a large kidney on abdominal examination is, of course, suggestive, but in the early stages it is rarely discovered. The finding of a thickened ureter running over the brim of the pelvis may be the only evidence as to which kidney should be the subject of further investigation.

(10) Cystoscopy is the most important and essential method of diagnosis in these cases. With increased frequency of micturition as a symptom some lesion in the bladder will almost invariably be found. If hæmaturia or pyuria are also symptoms and cause sufficient turbidity of the urine, the observation of the turbid efflux from one ureter compared with a clear efflux from the other may be the only indication as to which kidney is at fault.

In neither of these cases was there a definitely active tuberculous focus in the bladder. The ureteric orifice of the affected side, however, showed a marked displacement from its normal situation, and the mucosa around its orifice was very congested. From this appearance it was recognized which kidney was the seat of disease and, moreover, that it was due to tuberculosis, for although there were no tubercles, ulcers, etc., the displacement of the ureteric orifice, caused by the thickened and shortened ureter, and the drawing upwards of the corresponding side of the bladder, was characteristic. This appearance is not caused by other diseases.

(11) The second point in connection with the cystoscopic examination was that the ureteric orifice and surrounding bladder mucosa on the sound side was normal; in both cases, however, they were displaced

beyond the middle line owing to the dragging upwards of the diseased side of the bladder. This observation was of major importance, as demonstrating that the lesion was probably unilateral. True, tuberculous nephritis is usually a unilateral condition, but the radical operation of removal of a kidney must not be considered unless there is a reasonable assurance that the opposite kidney is sound. Lesions of the bladder mucosa around both ureteric orifices must lead the surgeon to treat the case with great respect. The involvement of both ureters in the vesical inflammation suggests a bilateral infection; but remember, this may not be so. On more than one occasion after finding this condition the patient has been put to bed for a period. A subsequent cystoscopic examination has shown that lesions cleared up on one side and left a normal ureteric orifice on a clear bladder mucosa, thereby indicating the unilateral character of the disease. This has been subsequently proven by the after-history after removal of the affected kidney.

(12) At this stage sufficient evidence was available to show which kidney was affected. However, still further confirmation was sought:

(a) Straight radiograms were obtained, as they sometimes show calcareous or caseous areas in the affected kidney. In these cases the examination gave negative results, although there was a suggestion of caseation in the second case.

In cases of doubt as to which kidney is the seat of disease, radiography may be the only means of settling the matter, especially in cases of closed tuberculosis, where bladder lesions are commonly absent. This investigation, therefore, should never be omitted.

(b) A uroselectan pyelogram was also obtained. The findings in the two cases were different. In one case dilatation and ulceration of the renal pelvis and ureter were seen, with good concentration of the dye; in the other the dye did not concentrate in the diseased kidney.

In judging the function of a kidney, too much reliance must not be placed on the appearances seen in a uroselectan pyelogram. This fact is here demonstrated, for the kidney of the first case subsequently proved to be very seriously damaged. The additional obstruction at the ureteric orifice in the bladder no doubt led to this appearance in the picture. The test, however, was of value, as it showed a normal renal pelvis in the opposite kidney in both cases, which the previous cystoscopic findings had suggested was the case.

(13) The urea concentration tests were normal in both cases, and justified me, with the other findings by radiography and cystoscopy, in advising removal of the diseased kidneys, with the almost certain assurance that

if this could be carried out the prognosis would be favourable.

(14) There is still a very widespread impression that tuberculosis of the urinary tract is an incurable disease. This is not true provided the diagnosis is made early, if possible before the bladder has become seriously involved, and always provided that it is a unilateral lesion. These cases are examples which tend to disprove this belief.

The first case illustrates the advantage of an early diagnosis, as it was possible to remove the affected kidney and ureter and provide for a short convalescence, with the result that within six months of the operation the patient is quite well. He is able to hold his water for two hours, and can go through the night only passing it once. This will improve.

In the second case the diagnosis was made at a later stage of the disease. Had it been made at the time of the original investigation it is possible that an equally favourable result might have been obtained, instead of the patient being left with his diseased kidney still inside him. There is no doubt that before he gets well the kidney will have to be removed, but until the perinephritis has settled down this is almost an impossibility. Many months have been wasted, and the period of convalescence must be prolonged.

W. GIRLING BALL.

MEDICINE IN HORACE WALPOLE'S LETTERS.*

HORACE WALPOLE'S long life (1717-1797) covered the greater part of the eighteenth century. He was not an altogether estimable character, being essentially a dilettante and a gossip, and something also of a snob, but he was a shrewd observer of men and manners, and he recorded his observations and reflections in an immense number of admirable letters, which form his chief title to fame. These letters throw a vivid light on the political and social life of the period, and it might have been expected that they would throw light on eighteenth century medicine also, especially as the letter-writers of that time were always fond of discussing matters of health. But this expectation is only partly fulfilled, for,

* Read before the Abernethian Society, February 23rd, 1933. Reproduced by permission of the Editor of the *Annals of Medical History*.

considering the volume of his correspondence, there is not a great deal of medical interest to be gleaned from it. Nor are the reasons for this far to seek. In the first place Walpole was not scientifically minded; his main interests were political, literary and artistic; and, secondly, he had no friends in the medical profession. He was quite unlike his contemporary, Samuel Johnson; he did not admire doctors and cultivate their society. On the contrary, he says that he "abhorred" physicians, and he was never tired of pouring ridicule and contempt upon them. He speaks of "the nonsense of physicians", and boasts that he almost never consulted one in his life. "The Jesuits are fallen," he writes, "but the time is not come for rooting out our physicians". When he heard of the sudden death of the poet Gray (from alleged "gout in the stomach"), and that Plumtre, the Regius Professor of Physic at Cambridge, had refused to get out of bed in the middle of the night to attend him,* Walpole exclaims, "Jesus! is their absence to murder as well as their presence?" He says in one letter, "Consider that the physicians recommend wine (in gout) and then can you doubt of its being poison?" and in another " . . . a little after I die the secret will be found out of how to live for ever—and that secret, I believe, will not be discovered by a physician". These quotations are representative of his general attitude, but he has a shrewder dig at us when he writes, referring to certain politicians, "they choose to seem to deliberate like physicians who retire into another room and there talk news". Our only consolation is that he thought almost as badly of other professions: "In physicians I believe no more than in divines", and again, "Sure, the Devil's three names of Satan, Beelzebub and Lucifer were given to him in his three capacities of priest, physician and lawyer".

Walpole was not alone in holding a low opinion of the physicians of his day; Lady Mary Wortley Montagu, for instance, though they agreed in little else, says much the same kind of things about doctors in her letters as Walpole does in his, and when we consider the backward state of medicine in the eighteenth century we cannot be surprised.

Just as Lady Mary, however, admired one doctor, a country practitioner in Italy, so Walpole believed in one physician, Johnson's friend, Dr. Robert James. He never tired, at all events, of praising James's well-known powder, and both took it himself and recommended it to his friends. He had such a belief in the efficacy of the remedy that he said he would take it "if the house were on fire", and that "he almost believed it would cure anything but the villany of

* Plumtre was a very old man and was obliged to refuse all night work.

physicians". In 1764 we find him writing to Mr. Churchill :

"The cure performed by James's powder charms me more than surprises me. I have long thought it could cure everything but physicians."

And ten years later to the Rev. William Cole :

"Your illness, dear Sir, is the worst excuse you could make me ; and the worse, as you may be well in a night, if you will, by taking six grains of James's powder. He cannot cure death, but he can most complaints that are not mortal or chronic."

On another occasion he writes to his friend Sir Horace Mann :

"Lord Waldegrave is just dead of the smallpox. . . . He was taken ill on the Wednesday, the distemper showed itself on the Friday, a very bad sort, and carried him off that day se'nnight. His brother and sister were inoculated, but it was early in the practice of that great preservative, which was then devoutly opposed; he was the eldest son and weakly. He never had any fear of it, nor ever avoided it. . . . He died as he lived, the physicians declaring that if anything saved him, it would be his tranquillity ; I soon saw by their ignorance and contradictions that *they* would not. Yet I believe James's powder would have preserved him. He took it by my persuasion, before I knew what his disorder was. But James was soon chased away, to make room for *regular assassins*. In the course of the illness nobody would venture to take on them so important a hazard as giving the powder again ; yet in his agonies it was given and even then had efficacy enough to vomit him ; but too late !"

GOUT.

But the chief medical subject discussed in the *Letters* is gout, and indeed the constant references to it become almost wearisome. As he says himself, "I can talk gout by the hour"—and he does, or at least by the page. This was natural enough, for he suffered severely from the disease himself throughout most of his life. He had his first attack, which nobody at the time believed *was* gout, at the age of thirty-six, and he continued to suffer from it till his death. Here is his account of the onset of his second attack in August, 1760 :

"I have been out of order this fortnight, without knowing what was the matter with me ; pains in my head, sickness at my stomach, dispiritedness and a return of the fever I had in winter . . . on Monday morning I was seized as I thought with the cramp in my left foot ; however, I walked about all day : towards evening it discovered itself by its true name, and that night I suffered a great deal. . . . Nobody would believe me six years ago when I said I had the gout. They would do leanness and temperance honours for which they have not the least claim."

The disease took in him the classical form, beginning in the foot and afterwards involving the knees, wrists, elbows and finger-joints. At first the attacks were biennial but later they became annual, and towards the end of his life he was much crippled by it, and greatly troubled with tophi. He said he "had more chalk stones than joints in his fingers and that he must set up an inn, for he could chalk a score with more ease and rapidity than any man in England". In January, 1786, we find him writing to Sir Horace Mann :

"I think, my dear Sir, that you will be glad to hear that I am getting free from my parenthesis of gout, which, though I treat it

as an interlude, has confined me above six weeks, and for a few days was very near being quite serious. It began by my middle finger of this hand, with which I am now writing, discharging a volley of chalk, which brought on gout and inflammation, and both together swelled my arm almost to my shoulder. In short, I was forced to have a surgeon. But last week my finger was delivered of a chalk-stone as big as a large pea, and now I trust the wound will soon heal."

And again in September, 1793 :

"I have been very ill with gout for above a month ; it began in my right hand, the middle finger of which opened, and discharged a sharp-pointed chalk-stone, that literally weighs four grains and a half."

Like everybody else, he had his own theory as to the nature of gout, which he expounds to the Rev. William Cole :

"How there can be a doubt what the gout is, amazes me ! What is it but a concretion of humours, that either stop up the fine vessels, cause pain and inflammation, and pass away only by perspiration ; or which discharge themselves into chalk-stones, which sometimes remain in their beds, sometimes make their passage outwardly ? I have experienced all three. It may be objected that the sometimes instantaneous removal of pain from one limb to another is too rapid for a current of chalk—true, but not for the humour before coagulated. As there is, evidently, too, a degree of wind mixed with the gout, may not the wind be impregnated with the noxious effluvia, especially as the latter are pent up in the body and may be corrupted ?"

In the management of his "gouts", as he termed them, he relied on temperance and cold water, used both externally and as a beverage. For the external use of cold water he had the precedent of Harvey, who, it will be remembered, used to immerse his gouty foot in a bucket of it, but Walpole does not recommend its use by everybody. He says in one letter (September, 1793) : "An account is come of the sudden death of Lord Buckinghamshire : he had the gout in his foot, dipped it in cold water, and killed himself," and then he adds, with one of his few lapses into bad grammar, "nobody can play such tricks with impunity but I"*. He did not much believe in Bath, which was then so fashionable as a spa for the gouty. "Bath is excellent," he says, "for those who are *in travail* of the gout and seek a fit as a composition for subsequent health, but I certainly have no occasion to accelerate the attacks". Nor does he seem to have taken any drugs for the disease. Colchicum was not in use at that time, and opium was considered harmful, so there was no way of relieving the pain. His great local remedy was what he quaintly terms the "bootikins". These seem to have been a sort of fingerless flannel glove or sock in which he had the greatest faith. He believed that their use both prevented and shortened the attacks, so that

* Warner, whose book will be referred to later, had no doubt of the inexpediency and danger of cold bathing in gout : "It is so likely," he quaintly says, "to exasperate the Humours by the Tumult it occasions and to translate them crude and undigested upon some of the Nobler Organs, that none besides the young in Gout as well as in Years should ever venture upon it". Cold water as a drink for the gouty he thought "crude and pernicious".

the gout made "its grand tour" of his limbs in one month instead of five. "Surely," he says, "if I am laid up but one month in two years instead of five or six, I have reason to think the bootikins sent from heaven". And again:

"The bootikins do not cure the gout, but if they defer it, lessen it, shorten it, who would not wear them? Why, fine people, younger people, who will not condescend to lie like a mummy; nay, nor any body else, for the physicians and apothecaries, who began by recommending them, now, finding they are a specific, cry them down . . . and will be believed, precisely because they lie; they say they weaken; it is false; I can at this moment stamp on the marble hearth with both feet with no more inconvenience than I did at five-and-twenty, which I never saw one other person that could do, who had the gout a twelvemonth before. I do this ten times a day to convince people; yet, what is ocular proof against the assertion of a grave face and a tied wig? If weakness were the consequence, who would be weakened so soon as I, who have bones no bigger than a lark's?"

Naturally he was always trying—though not always with success—to persuade his gouty friends to use the bootikins too, and in January, 1775, we find him writing to Mann, "I want to send you a cargo of bootikins; tell me the shortest way of conveying them". The physicians, of course, did not approve of this amateur remedy, for, as Johnson said, "physicians do not love intruders". "These rogues," says Walpole, in his polite way of referring to doctors, "persuade people that the bootikins are fatal. They now assert that my friend, Lady Hervey, who died of a diarrhoea, was killed by the bootikins she wore for the gout. All they can do is to keep up perspiration, which everybody knows is the only thing that can be done for the gout".

The frequency of gout amongst the upper classes in the eighteenth century is very remarkable, and there is convincing evidence of it not only in these letters, but in all the records of the social history of the period. Everybody who was anybody seems to have suffered from it. Dr. Ferdinand Warner, LL.D., who, though not a medical man, wrote an excellent popular treatise* on the disease, published in 1769, speaks in his preface of the "gentlemen and ladies who have the honour to have the gout". He says that he "jocosely" calls it an honour "because it is seriously affirmed that it is the inheritance only of the acute and sensible though others possibly may acquire it".

This is just another version of the old description of gout as "dominus morborum et morbus dominorum", which is probably still true, but why it was so common in Walpole's day as compared with now is a mystery. Perhaps there were more "domini" then, but the usual explanation is that people ate and drank more in those

days. No doubt many of them did, and Warner states that "he thinks gout has increased tenfold in England since port, Madeira, sherry and other inflammatory wines have come so much into use". (On the other hand, it is interesting that the anonymous medical author of a *Treatise on Gravel and Gout*, published in 1787, recommends these very wines as the safest in gout because they contain least tartar!) But anyhow, by no means all of the sufferers from gout could be described as intemperate. Walpole himself is a case in point. He says somewhere that he lived "like an anchorite", and we are told by one of his biographers that "his dinner when at home was of chicken, pheasant or any light food of which he ate sparingly. Pastry he disliked as difficult of digestion though he would taste a morsel of venison pie. Iced water, then a London dislike, was his favourite drink".

It is true that he took no exercise, but he was very active and was much on his feet, and Pulteney said of him that "he ran like a peewit!" It may be suggested that he inherited the disease, but he rejects this explanation himself. "If either my father or my mother had had it," he says, "I should not dislike it so much. I am herald enough to approve it if descended genealogically; but it is an absolute upstart in me, and what is more provoking I had trusted to my great abstinence for keeping me from it. . . ."

There are two fallacies here, however. In the first place his putative father, Sir Robert, although he did not have gout, was greatly afflicted with stone, and, secondly, there is some doubt whether Sir Robert really was his father at all and whether he was not an illegitimate son of Lord Hervey by Lady Walpole, in which case he might easily have inherited the disease. But is gout inherited? One can understand the inheritance of a gouty "constitution", but to produce the disease there must be an exciting cause, and in Walpole's case at least that seems to have been absent.

Another mystery is the question of "misplaced" or "irregular" gout, to which there are many references in the *Letters*. Walpole says that in the course of twenty years he had only had gout "one half-hour in the head and never in the stomach", but he often speaks of it in these situations in others. What was meant by "misplaced" gout? Warner is fairly clear on the point. He says that "irregular" or "misplaced" gout may affect the stomach and intestine, producing loss of appetite, indigestion, vomiting, colic, dysentery, diarrhoea, and sometimes "gouty abscesses or imposthumes"; the head, in the form of vertigo or apoplexy; the nerves, producing palsies, and the organs of respiration in the form of asthma, cough or phthisis. Walpole himself regarded gout as a great impersonator of other

* *A Full and Plain Account of the Gout*. By Ferdinand Warner, LL.D., London, 1768. From whence will be clearly seen, the Folly or the Baseness, of all Pretenders to the Cure of it: In which everything Material by the Best Writers on that Subject is taken notice of; and accompanied with some New and Important Instructions for its Relief, which the Author's Experience in the Gout above Thirty Years hath induced him to impart.

diseases. He writes, for instance, to Sir Horace Mann (August, 1785):

"Your philosophic account of yourself is worthy of you. Still, I am convinced you are better than you seem to think. A cough is vexatious, but in old persons is a great preservative. It is one of the forms in which the gout appears, and exercises and clears the lungs. I know actually two persons, no chickens, who are always very ill if they have no annual cough. You may imagine that I have made observations in plenty on the gout; yes, yes, I know its ways and its jesuitic evasions. I beg its pardon, it is a better soul than it appears to be; it is we that misuse it: if it does not appear with all its credentials, we take it for something else, and attempt to cure it. Being a remedy, and not a disease, it will not be cured; and it is better to let it have its way. If it is content to act the personage of a cough, pray humour it; it will prolong your life, if you do not contradict it and fling it somewhere else."

It may well be doubted whether many of the diseases and symptoms attributed to irregular gout were really due to that disease at all. None the less, it is wise not to be too dogmatic, for we are told by Warner, and other writers on gout agree with him, that "from the first appearance of these internal symptoms there is little or no gout in the extremities", but that they disappear at once "if weather or medicine restores a regular fit of the gout", and he says that "steel powders are the most effective remedy for expelling the disease from the organs to the extremities". If these observations are accurate—and we have no reason to doubt them—there may have been something in "misplaced gout" after all. Walpole, at least, was always afraid of driving it from the extremities to the internal organs by too active treatment, and warns some of his correspondents of this danger. He recognized, too, the apparent power of gout to prevent the patient getting other ailments, and speaks of it in the letter quoted above as a "remedy and not a disease". General experience has endorsed this view.

INOCULATION.

Although gout is the disease most often spoken of in the *Letters*, there are references to some others. Smallpox, that scourge of the century, naturally comes in for notice. Inoculation for it became fashionable in 1720, and Walpole was inoculated himself at the age of seven. Throughout his life he remained a strong advocate for the method, and much as he disliked Lady Mary Wortley Montagu, he has the magnanimity to speak of her "as a universal benefactress" for her introduction of it. He was never tired of defending it, and in a letter to Mann in 1783 he expresses "his zeal for the cause of inoculation" and denies that Prince Octavius died from it. Some years earlier (1767) he had written to the same correspondent:

"I wonder all the Princes of Europe are not frightened into their wits—why, they die every day and might avoid it, most of them, by

being inoculated. Mr. Sutton* would insure them at twelve-pence a head. He inoculates whole counties and it does not cause the least interruption to their business. They work in the fields, or go up to their middles in water as usual. It is silly to die of such an old-fashioned distemper!"

But there were occasional disasters, and in March, 1775, we find him writing:

"The Duke of Gloucester had lost his second daughter; both were inoculated, that he might carry them abroad. The youngest was very unhealthy, and died the next day after the disorder disappeared."

In the main, however, he was no doubt justified in what he says to Lady Ossory: ". . . inoculation now can scarce be called a hazard. It is sure as a cheat of winning, though a strange run of luck may once in two thousand times disappoint him".

EPIDEMICS.

The eighteenth century did not escape visitations of influenza, which seem to have recurred about every twenty years, for in March, 1743, Walpole writes to Mann:

"We have had loads of sunshine all the winter; and within these ten days nothing but snows, north-east winds and blue plagues. The last ships have brought over all your epidemic distempers: not a family in London has escaped under five or six ill: many people have been forced to hire new labourers. Guernier, the apothecary took two new apothecaries, and yet could not drug all his patients. It is a cold and fever. I had one of the worst and was blooded on Saturday and Sunday but it is quite gone: my father was blooded last night: his is but slight. The physicians say that there has been nothing like it since the year thirty three and then not so bad: in short, our army abroad would shudder to see what streams of blood have been let out! Nobody has died of it, but old Mr. Eyres of Chelsea through obstinacy of not bleeding; and his ancient Grace of York."

There seems to have been another, but milder, epidemic in 1762, for in June of that year he again writes:

"The King had one of the last of these strange and universally epidemic colds, which, however, have seldom been fatal: he had a violent cough and oppression on the breast which he concealed just as I had; but my life was of no consequence, and having no physicians in ordinary, I was cured in four nights by James's Powders, without bleeding. The King was blooded seven times and had three blisters."

The disease reappeared twenty years later, and once more we find him describing it to the faithful Mann (June, 1782):

"Since the naval triumph in the West Indies, I have had no public event to send you, nor anything else but journals of the epidemic disorder, which has been so universal and so little fatal, that a dozen names would comprise all I know who have escaped it, or died of it. The strangest part of it is, that, though of very short duration, it has left a weakness or lassitude, of which people find it very difficult to recover. One has had nothing to do but send messages of inquiry after all one's acquaintance; and yet, no servants to send on those messages. The theatres were shut up,

* Robert Sutton, an operator in Suffolk. He charged 5 guineas for each inoculation, and boasted that he had only had one accident out of the many hundreds of cases he had had under his care.

the Birth-day (4th June) empty, and the Ball to-night a solitude. My codicil of gout confined me three weeks. I came hither to-day to air myself, though still very lame, and it is so cold that I am writing close to the fire."

There is a familiar ring about these descriptions which shows that influenza has not changed its essential character through the centuries.

In 1743 Walpole mentions that quarantine had been established for plague which had appeared first in Sicily, and two years later he writes to Mann *à propos* of the same subject, "Don't you remember a report of the plague's being in the City, and everybody went to the house where it was to see it". He then adds the comment, probably as true to-day as it was then, "'Tis our characteristic to take dangers for sights and evils for curiosities".

The nature of some of the other epidemics mentioned in the *Letters* is not so easily identified.

What, for instance, was this:

"I have had nothing lately to tell you," he writes to Mann in March, 1748, "but illnesses and distempers; there is what they call a miliary fever raging, which has taken off a great many people. It was scarce known till within these seven or eight years, but apparently increases every spring and autumn. They don't know how to treat it but think they have discovered that bleeding is bad for it. The young Duke of Bridgewater is dead of it."

The following description (January, 1760), on the other hand, almost certainly refers to diphtheria:

"There is a horrid scene of distress in the family of Cavendish: the Duke's sister, Lady Besborough, died this morning of the same fever and sore throat of which she lost four children four years ago. It looks as if it was a plague fixed in the walls of their house: it broke out again among their servants, and carried off two, a year and a half after the children. About ten days ago Lord Besborough was seized with it, and escaped with difficulty: then the eldest daughter had it, though slightly: my lady, attending them, is dead of it in three days. It is the same sore throat which carried off Mr. Pelham's two only sons, two daughters, and a daughter of the Duke of Rutland, at once. The physicians, I think, don't know what to make of it."

NERVES.

Nerves seem to have been a pretty common trouble amongst fashionable people in Walpole's day, just as they are now. Thus he writes to Mann (May, 1780):

"I am grieved to hear you complain of your nerves, and know how to pity you. My own are so shattered that the sudden clapping of a door makes me tremble for some minutes. I should think sea-bathing might be of use to you. I know, though I have neglected it myself, that the sea air, even for four and twenty hours, is incredibly strengthening."

And towards the end of his life (1794) he complains to Lady Ossory of palpitations:

"I have of late years been subject to great palpitations, and they come more frequently and last longer. The wise in life and death insist they are only nervous: however I was seized with one on Saturday night, which continued so stormy that at four in the morning I was forced to send a man and horse to Twickenham for the apothecary, having such acute pain in my breast with it, that I concluded it the gout, and a warrant for me. Before he could arrive I had a slight vomiting, fell asleep for four hours—and am here still!"

ILLNESSES OF EMINENT PERSONS.

Being an inveterate gossip Walpole has naturally something to tell his correspondents about the illnesses of various prominent people of his time. In a letter of 1767 we find him expressing the rather rash opinion that "Lord Chatham's state is, too clearly, the gout flown up into his head", and again on the same subject:

"But there is a misfortune not so easily to be surmounted, the state of Lord Chatham's health, who now does not only not see the Ministers, but even does not receive letters. The world, on the report of the Opposition, believe his head disordered, and there is so far a kind of colour for this rumour, that he has lately taken Dr. Addington, a physician, in vogue, who originally was a mad doctor. The truth I believe is, that Addington, who is a kind of empiric, has forbidden his doing the least business, though he lies out of town, and everybody sees him pass in his coach along the streets. His case, I should think, is a symptomatic fever, that ought to turn to gout; but Addington keeps him so low that the gout cannot make its effort. Lord Chatham's friends are much alarmed, and so they say is Addington himself; yet, what is strange, he calls in no other help."

The following refers to the alleged suicide of Lord Clive (1774):

"Lord H. has just been here and told me the manner of Lord Clive's death. Whatever had happened it had flung him into 'convulsions', to which he was very subject. Dr. Fothergill gave him, as he had done on like occasions, a dose of laudanum, but the pain in his bowels was so violent that he asked for a second dose. Dr. Fothergill said, if he took another he would be dead in an hour. The moment Fothergill was gone, he swallowed another, for another it seems stood by him, and he is dead."

This description of the onset of insanity in his nephew, Lord Orford, is curious:

"If I change this subject from my own person," he writes to Mann (February, 1773), "I must not go out of the family; I have a melancholy tale to tell you of another branch of it, my Lord Orford. He had a cutaneous eruption. By advice of his groom, he rubbed his body all over with an ointment of sulphur and hellebore. This poison struck in the disease. By as bad advice as his groom's, I mean his own, he took a violent antimonial medicine, which sweated him immoderately; and then he came to town, went to Court, took James's pills, without telling him of the quack drops, sat up late, and, though ordered by James to keep at home, returned into the country the next day. The cold struck all his nostrils and ails into his head, and the consequence is—insanity!"

Sometimes one is quite at a loss to identify the disease from his description of it. Take, for instance, his account of the last illness of his friend, Mr. Chute (May, 1776):

"Mr. Chute for these last two or three years was much broken by his long and repeated shocks of gout, yet was amazingly well, considering that he had suffered by it from twenty to seventy-three! Still, as he had never had it in his head or stomach, I never was alarmed till last summer, when he had a low lingering fever, and sickness and pain in his breast, with returns of an excessive palpitation at his heart, which formerly much alarmed me, but of which he had been free for some years. He got better and went to the Bath, which gave him the gout, and here turned quite well; so well, that, alarmed at our situation, he thought of drawing some money out of the Stocks and buying an annuity, saying, that he thought his life as good as any man's for five years. I am sure I thought so too. On Thursday last, being surprised at his not calling on me for three days, which was unusual, I went to him and was told that he was very ill. I found him in bed; he had so violent a pain in his breast that two days before he had sent for

Dr. Thomas, whom he had consulted in the summer, though of all men the most averse to physicians. Thomas had given him an hundred drops of laudanum and asafetida. Mr. Chute said, '*It is not the gout: I have had my palpitation, and fear it is something of a polypus.*' Thus, perfectly reasonable, though with much more indifference than he who was all spirit and eagerness used to have, I attributed it to the laudanum, and indeed he desired me to leave him, as he was heavy, and wanted to sleep. He dozed all that evening, and had no return of pain. On Friday morning, still without pain. I saw him again. He had taken more asafetida, but no more laudanum; yet, when I said, I trusted the pain was gone, he said, '*I do not know; the effects of the laudanum are not yet gone.*' I said I thought that impossible; that the pain would have surmounted the laudanum by that time, if the pain were not removed. I was coming hither on business, and charged his valet to send for me if the pain returned. On Saturday morning I rejoiced at not receiving even a letter by the post, and concluded all was well.

"This dream of satisfaction lasted all that day and Saturday night. I knew he would take no more laudanum, unless the pain returned, and that then I should be advertised. But, oh, unhappy! Yesterday, just as I had breakfasted, and was in the garden, I heard the bell at the gate ring, and wondered, as it was but ten o'clock, who would come to see me so early. I went to see, and met my valet-de-chambre, with a letter in his hand, who said, '*Oh, Sir, Mr. Chute is dead!*' In a word, he had continued quite easy till three that morning, when he said, '*Who is in the room?*' His own valet replied, '*I, Sir*', and, going to the bed, found him very ill, ran to call help, and returning as quickly as possible, saw him dead! It was certainly a polypus; his side immediately grew as black as ink."

What was a polypus? And why should the side immediately grow "black as ink"? We are left guessing.

PROMINENT MEDICAL MEN.

There are few mentions of prominent members of the medical profession in the *Letters*, as was to be expected, considering Walpole's prejudices, and such as there are have a rather malicious tone. He writes, for example, almost gleefully (July, 1750):

"Dr. Mead is undone; his fine collection is going to be sold; he owes about £25,000. All the world thought him immensely rich; but, besides the expenses of his collections, he kept a table for which alone he is said to have allowed £70 a week."

As a matter of fact, he was wrong in this, for Mead's great collection was not sold till after his death, when it realized a large sum.

In the following extract (November, 1780) the great John Hunter appears in the character of a politician:

"Dr. Hunter, that Scotch nightman, had the impudence t'other day, to pour out at his Anatomic lecture a more outrageous Smeltiad than Smelt* himself, and imputed all our disgraces and ruin to the Opposition. Burke was present, and said he had heard of Political Arithmetic, but never before of Political Anatomy, yet for a Scot to dare thus in the heart of London, and be borne, is proof enough that the nation itself is lost beyond redemption."

A "nightman" presumably was a body-snatcher, and was just the sort of epithet that Walpole would apply to an eminent anatomist.

John Hunter's brother, William, also appears for a moment:

"Two mornings ago they might have seen me receive, first Dr. Hunter, and a moment after, Lady Craven—a man-midwife and so pretty a woman are very creditable; and yet, alas! he came to talk to me about Greek medals . . ."

* A favourite of George III.

And again Walpole must have his sneer of "man-midwife".

QUACKS.

The eighteenth century was the Golden Age of quackery, and more eminent quacks are mentioned in the *Letters* than eminent doctors. Not that Walpole believed in quacks; on the whole, he had as low an opinion of them as he had of medical men. "By quack," he says, "I mean impostor, not in opposition to but in common with physicians". His friends sometimes tried to persuade him to use quack remedies for his gout, but he would have none of them. He replies to Sir Horace Mann, who had recommended the treatment of Le Fevre, a French charlatan:

"Nov. 1770. I am much obliged to you for the detail of Le Fevre's medicine; but I am perfectly recovered without it, and strong in opinion against it. I am persuaded that he is a quack, and his nostrum dangerous. He has been here and carried off five thousand pounds, at a hundred pounds per patient!* You must know, I do not believe the gout to be curable. There must have been longer experience of this new remedy's effects before I would try it upon myself. I have known many nostrums stop every cranny into which the gout is used to crowd itself, and the consequence has always been an explosion. But I am not desparate, nor like the adage, *kill or cure*. But my great objection of all is, that the medicine begins with *giving* the gout. Thank it; I have not the disorder above once in two years, and it would be bad economy to bring on what I may never live to have."

Another "gout doctor" of the day was Buzaglo, a Jew, who first attracted notice as an inventor of heating apparatus. He professed to cure gout by muscular exercise only, and advertised extensively. He is referred to in the following letter to Lady Ossory (December, 1777):

"Crawford is again confined with the gout. . . . He has heard that Taaffe has been cured by Buzaglo and sent for the former, who told him fairly that Buzaglo had removed his gout in four hours but said the operation would kill any man less strong."

Sir Robert Walpole, Horace's father (or alleged father), though he did not suffer from gout, was much afflicted in his later years with the kindred disorder, stone. He was treated for this by Mrs. Stephens's remedy, on which Horace makes the shrewd comment contained in this extract from a letter to Mann:

"My father has been extremely ill this week with his disorder; I think the physicians are more and more persuaded that it is the stone in his bladder. He is taking a preparation of Mrs. Stephens's Medicine, a receipt of one Dr. Jurin, which we began to fear was too violent for him: I made his doctor angry with me by arguing on this medicine which I never could comprehend. It is of so great violence, that it is to split a stone when it arrives at it, and yet it is to do no damage to all the tender intestines through which it must first pass."

Johanna Stephens, it may be remembered, was a lady who, in 1736, announced that she had discovered a cure for calculus, and two years later she offered the formula to the public for £5000. Astonishingly enough

* His medicine proved extremely noxious.—Walpole.

Parliament paid her this sum on the advice of a committee of which Stephen Hales, Cheselden and Hawkins were members (all of whom ought to have known better), and the "secret" was published in the *London Gazette* in 1739. The remedy proved to be chiefly composed of calcined egg-shells, snails, and a decoction of soap. She had indeed sold the country a "pup". It is said that Sir Robert Walpole, by using the "cure", had consumed in the course of several years at least 180 lb. of soap and 1200 gallons of lime-water! Yet he was attended by some of the best lithotomists of the day, and after his death three large stones were found in the bladder.

In 1789 Walpole writes: "Loutherbouurg, the painter, is turned as inspired physician and has 3000 patients. His sovereign panacea is barley water. I believe it as efficacious as mesmerism." This Loutherbouurg was a faith-healer. He was born in Germany in 1740, but came to England at the age of thirty and made some name as a painter, being elected a member of the Royal Academy in 1781. He was scene-painter to Garrick at Drury Lane and also produced several large marine pieces, one of which, depicting Howe's victory of June 1st, 1794, now hangs in Greenwich Hospital. Loutherbouurg, in the later part of his life, settled at Chiswick and took up the study of the occult. He became convinced that he and his wife were gifted with the power of healing and for a time had a large number of adherents.

Another obscure quack named Thompson, about whom there is nothing to be discovered, figured in the tragedy of the death of Mr. Winnington, "one of the finest men in England", described in a letter to Mann (1746):

"He was not quite 50, extremely temperate and regular and of a constitution remarkably strong, hale and healthy. A little above a fortnight ago he was seized with an inflammatory rheumatism, a common and known case, dangerous, but scarce ever known to be fatal. He had a strong aversion to all physicians and lately had put himself into the hands of one Thompson, a quack, whose foundation of method could not be guessed, but by a general contradiction to all received practice. . . . This ignorant wretch soon made such progress in fatal absurdities, as purging, bleeding and starving him, and checking all perspiration that his friends Mr. Fox, and Sir Chas. Williams absolutely insisted on calling in a physician. Whom could they call but Dr. Broxholme an intimate old friend of Mr. Winnington and to whose house he always went once a year. This doctor, grown paralytic and indolent, gave in to everything the quack advised. . . . At last, which at last came very speedily, they had reduced him to a total dissolution by a diabetes and a thrush; his friends all the time distracted for him, but hindered from assisting him, so far that the night before he died, Thompson gave him another purge though he could not get it all down. Mr. Fox by force brought Dr. Hulse, but it was too late. . . ."

It is curious to think that in these days regular doctors were apparently quite ready to meet quacks in consultation and to adopt their treatment. This appears not merely from the above extract, but from other statements in the *Letters*. Professional etiquette

was apparently not so strict in this respect then as it is now.

Tar-water, although perhaps it can hardly be described as a quack remedy, was all the rage in the middle of the century, and Walpole, of course, mentions it in a letter to Mann (1744), telling him how popular it was:

"We are now mad about tar water on the publication of a book by Dr. Berkeley, Bishop of Cloyne. The book contains every subject from tar water to the Trinity; however, all the women read and understand it no more than they would if it were unintelligible. A man came into an apothecary's shop the other day, 'Do you sell tar-water?' 'Tar-water' replied the apothecary, 'Why, I sell nothing else.'"

But just as Walpole believed in one physician, Dr. James, and his powder, so he believed in one quack, the notorious Joshua Ward, and his "drops", and it is interesting to remember that the basis both of James's powder and Ward's drops was antimony. He did not hesitate to recommend Ward to his friends, as is shown by his writing to Mann (March, 1760):

"I wish you had given me any account of your headaches that I could show to Ward. He will no more comprehend *nervous* than the physicians do who use the word. Send me an exact description; if he can do you no good, at least it will be a satisfaction to me to have consulted him. . . ."

In another letter (April, 1761) he deplores to Montagu that Ward was not called in to a serious case:

"Poor Lord Edgcombe is still alive, and may be so for some days; the physicians, who no longer ago than Friday se'night persisted he had no dropsy in order to prevent his having Ward, on Monday last proposed that Ward should be called in. . . . and at night they owned they thought the mortification begun—it is not clear it is yet. . . . What parts, genius, and agreeableness thrown away. . . . and not permitted the chance of being saved by the villainy of physicians."

None the less, compared with other members of the eighteenth century society set, or even, it may be said, with the same class to-day, Walpole was singularly free from a belief in quackery.

OBITER DICTA.

Scattered throughout the *Letters* are some casual remarks and *obiter dicta* of medical interest. Here are some of them:

"I . . . cannot believe in the contagion of consumptions. . . . Were it catching, it would be still more common here than it is." [A wrong opinion, as time has shown.]

" . . . A cough, though a vexatious remedy, is a preservative of elderly persons, from exercising and clearing the heart and lungs. I know two or three who for years have had a constant cough in winter, and who have dangerous illnesses if it does not return in its season." [An interesting observation if correct.]

He writes to the Rev. W. Mason:

"You do not mention Gray's study of physic, of which he had read much, and I doubt to his hurt." [The poet is not the only layman, it is to be feared, who has studied physic "to his hurt".]

He says of his own constitution that it is "like grass that escapes the scythe by being low", that "bark

makes him sleep like opium", but "it is difficult to get it good" and that sleep is his great restorative—"no dormouse beats me". He sends his friend, Mr. George Montagu, a recipe for preserving the teeth which might be worth trying to-day; it is at least simpler and less expensive than some modern preventives of caries:

"Use a bit of alum twice or thrice in a week, no bigger than half your nail, till it has all dissolved in your mouth, and then spit it out. This has fortified my teeth that they are as strong as the pen of Junius. I learned it of Mrs. Grosvenor that had not a speck in her teeth to her death."

Finally we may take two sayings worthy of Dr. Johnson himself: "London agrees with me better than the country," and "Nothing is so troublesome as to talk of chronic complaints"—and yet he said he could talk gout by the hour!

Even allowing for Walpole's prejudices, the impression of eighteenth century medicine conveyed by the *Letters* is a melancholy one. What with the absence of anaesthetics, antiseptics, morphia and skilled nursing, and with pompous and ignorant physicians, bleeding, blistering, purging and prescribing gallons of nauseous drugs, every illness must have been a nightmare. No wonder the arch-cynic of the century stigmatized the art of medicine as being like the art of war—"both murderous and conjectural".

ROBERT HUTCHISON.

AN UNUSUAL ŒSOPHAGEAL NEOPLASM.

THE incidence of carcinoma of the œsophagus in men is very much higher than in women; but the post-cricoid type of growth is said to occur more commonly in the female sex. The figures of Logan Turner (1) bear out this statement, and it is noteworthy that the occurrence of carcinoma of the upper end of the œsophagus has been described more commonly among females in Scotland than elsewhere. This has been connected with the habit, prevalent among them, of drinking hot tea very frequently. Similarly in China the eating of hot rice by the women has been adduced as a partial explanation of the high incidence of post-cricoid carcinoma in that country.

It is interesting, then, that the subject of this report should be a Scotch lady, æt. 53, in domestic service, who first came to the Hospital on January 6th, 1934, complaining of a swelling in the neck. This she had noticed for the first time six weeks previously and it had rapidly increased in size and been accompanied by progressive difficulty and pain in swallowing. Eventually fluids only could be taken and there was marked anorexia, with a loss in weight of about one stone in the six weeks. There had been no alteration in the

patient's voice and she had not suffered from cough or shortness of breath.

On examination of the patient, who looked emaciated, there was seen to be a swelling in the region of the thyroid gland, which moved on deglutition (Fig. 1). It seemed to be more prominent on the left than the right side, and on palpation was found to be firm and uniformly smooth. The larynx was displaced forwards and slightly to the right, and the trachea could easily be felt subcutaneously just to the right of the mid-line in the notch of the manubrium sterni. The œsophagus, as seen by the passage of fluid on swallowing, was apparently displaced forwards and slightly to the left,



FIG. 1.

but the thyroid gland was not clearly definable. Neither the right lobe nor the isthmus could be felt, and the tumour described appeared to occupy the position of the left lobe of the gland. There were no signs of thyrotoxaemia, apart from the loss in weight, and no enlarged glands in the neck or supraclavicular region. A tentative diagnosis was made of carcinoma of the thyroid.

On admission to the Hospital four days later the patient was X-rayed after being given a barium emulsion, and the result showed that the tumour was involving the œsophagus as well as displacing it forwards. The dysphagia was by this time extreme and only small quantities of fluid could be taken in the course of the day, which were supplemented by glucose and saline *per rectum*.

An operation for exploration of the tumour was performed by Mr. Keynes on January 12th through a collar incision. The thyroid gland was found to be normal

and the larynx displaced to the right; behind the left lobe of the thyroid gland was an oval, well-defined tumour, fixed only to surrounding structures posteriorly, where it appeared to be attached to prevertebral muscles. Its relation to the œsophagus at its lower end was difficult to determine, as it extended downwards into the superior mediastinum; and an endotracheal catheter, passed into the mouth, failed to pass an obvious constriction at the pharyngo-œsophageal junction and was, therefore, of no assistance in delineating the relation of the tumour to the œsophagus above. On further dissection below it was then found that the tumour was continuous with the wall of the œsophagus,

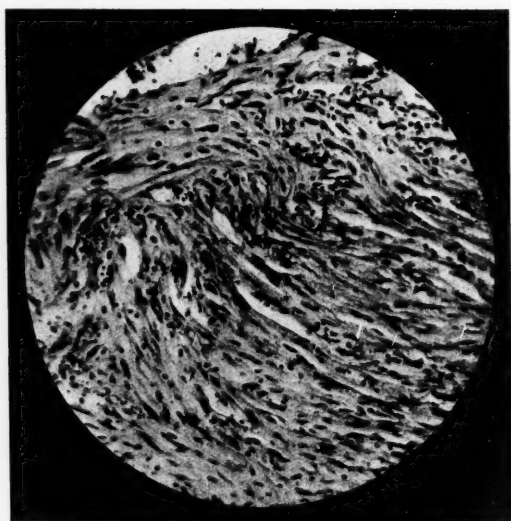


FIG. 2.

of which it therefore represented a proliferating growth, involving the whole circumference. Bearing in mind the possibility of later cervical œsophagectomy, the mediastinum was accordingly plugged with gauze and a piece of the tumour taken for section. A gastrostomy was then done, and for the next six days, until her death, the patient was fed entirely by this method. Death occurred eight days after admission, and was due to mediastinitis and pneumonia.

The section of the tumour seen by Prof. Kettle (2) showed the structure of a spindle-celled sarcoma (Fig. 2), and some doubt was felt as to its nature. In some areas it had the appearance of an anaplastic carcinoma and in others it looked sarcomatous.

Herxheimer (3) has reported a case in which a true mixed tumour occurred in the œsophagus, and of 671 cases of œsophageal new growth cited by Chevalier Jackson (4), only 4 were found to be sarcomatous. Of

these, 2 had the appearance of lymphosarcoma and 2 of round-celled sarcoma. Rolleston (5), however, quotes the occurrence of a spindle-celled type of growth in the œsophagus, and Corner and Fairbank (6) found 3 in a series of 14 cases of œsophageal sarcoma. The growth appears to begin in the submucous tissue and usually completely surrounds the œsophagus. Ulceration with perforation and subsequent mediastinitis is frequent and occurs more often than in carcinoma.

As no post-mortem examination was allowed on the patient described, the presence or absence of metastases could not be recorded. As in sarcomata elsewhere it is, however, usual to find them in the majority of cases.

My thanks are due to Mr. Keynes for permission to publish the case.

REFERENCES.

- (1) TURNER, A. LOGAN.—“Carcinoma of the Post-Cricoid Region and Upper End of the Œsophagus,” *Journ. Laryngol. and Otol.*, 1920, xxxv, p. 34.
- (2) KETTLE, E. H.—“On Polymorphism of the Malignant Epithelial Cell,” *Proc. Roy. Soc. Med.*, 1919, xii, p. 1.
- (3) HERXHEIMER, G.—“Das Carcinoma Sarcomatodes,” *Beitr. z. path. Anat.*, 1908, xlv, p. 150.
- (4) JACKSON, C.—“Carcinoma and Sarcoma of the Œsophagus,” *Amer. Journ. Med. Sci.*, clxix, p. 125.
- (5) ROLLESTON, H. D.—Allbutt and Rolleston's *System of Medicine*, “Diseases of the Œsophagus,” iii, p. 343.
- (6) CORNER, E. W., and FAIRBANK, H. A. T.—“Sarcomata of the Alimentary Canal,” *Trans. Path. Soc. Lond.*, lvi, p. 29.

G. BLACKBURN.

A LEGACY TO ST. BARTHOLOMEW'S HOSPITAL FROM A GRATEFUL PATIENT IN THE YEAR 1580.



UNCUPATIVE wills have had a fascination for me ever since reading the account of the Lady Rohesia in the *Ingoldsby Legends* as a lad. It occurred to me that St. Bartholomew's men might be interested in the nuncupative will of Jerome Hilton, dated March 5th, 1580.

In the *Act Book* Hilton is called schoolmaster. The transcript of the will is as follows:

“The will of Jerome Hilton, 5, Marche 1580, being sicke in the hospitall house of Myle Ende and beinge in perfecte memorie did speake and declare before his

decease his laste wylle and testament nuncupatyve under these forme of worddes followinge or the like in effecte. viz. That whereas he had owinge him by Mr. Carr the minister . . . £5, Mr. Blithemanne £5, (blank) clothworker £3 13s. and in ready moneye in his owne custodie £3 . . . for that he hadde Receaved suche benefytte at the handes of the Maisters and Governours of Sainte Bartholomew's he was contented to geve and did geve unto the Mr. and Govnors unto the use of the poore of the same hospitall of Sainte Bartholomewe, the whole summe of £16. with all other his gooddes and debtes. as there might be gottenne beinge sorye that he had no more to geve unto theme wch wordes weare spoken by Jerome Hilton in the presence and hearinge of John Bacon, Katherine Bacon, Thomas Browne, Thomas Missinden, Richard Harisonne with others."

This will (P.C.C. Darcy, 10) was proved March 23rd, 1580/81.

With regard to the testator, in Foster's *Alumni Oxonienses* I find that a Jerome Hilton supplicated for his B.A. on December 7th, 1571. It is probable that this entry refers to our man.

The hospital at Myle Ende was one of the lazar houses in connection with St. Bartholomew's, about which Sir Norman Moore has written in the second volume of his history.

A person who made a nuncupative will in medieval times was usually at death's door. The word is derived from the Latin *nuncupo*, I declare. It was a verbal disposition of one's goods made in the presence of witnesses, and in England goes back to Anglo-Saxon times.

Reading between the lines one would assume that Hilton had been under hospital treatment for some considerable time and it is pleasant to know that he was a grateful patient. He may have died from some acute intercurrent disease, and it seems idle to speculate at the present time as to the condition for which he received treatment.


I am indebted to Mr. J. Harvey Bloom for the transcript.

R. R. JAMES.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The Nursing Times—Charing Cross Hospital Gazette—Guy's Hospital Gazette—St. George's Hospital Gazette—Middlesex Hospital Journal—Queen's Medical Magazine—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—University College Hospital Magazine—King's College Hospital Gazette—Clinical Journal—East African Medical Journal—The General Practitioner—The Hospital—Bulletins et Mémoires de la Société Médécine de Paris—L'Echo Médical du Nord—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-Graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières.

MEMOIRS OF A CAMP FOLLOWER.*

T a time when the world is growing hysterical at the thought of another war, and our bookshelves are becoming overcrowded with grotesque accounts of the last, Dr. Philip Gosse has published a much-needed sedative in the form of his *Memoirs of a Camp Follower*. Here is no lengthy tome to bring back agonizing reminiscences of the mutilations of man and his beloved countryside, but, as Dr. Gosse deftly says in his preface, the book might well be called a "solace of birds"; by now "the mangled corpse is forgotten, but the warbler with its nest and eggs is remembered".

Let us go back once again to that perfect September day in 1915 and set out on "The Great Adventure" with the Camp Follower (M.O. to the 69th Field Ambulance). Stationed at the advanced dressing station at Grisport (Greasepot) we are first introduced to our host, sulky and morose, who owned the cottage where we were billeted and was popularly believed to be a German spy. The daily life of a M.O. in Flanders consisted of quiet periods with occasional bursts of work, and it was now that the opportunity became apparent for collecting and studying the small mammals of the district. How fortunate it was that the Natural History Museum was in need of specimens from this part of Europe. Many hours were spent and risks overcome till the first batch of the collection was skinned and duly despatched to the British Museum.

We then spend our first Xmas at the dressing station and find that a Flanders Xmas dinner is a feast for a king, while the concert which followed brought back memories of the ward shows at Bart.'s, both in their originality and success. It was in the following February that we moved south with the Division to the neighbourhood of Aire, and a few weeks later to Bois Mont, where at last we enter the paradise of birds. The inhabitants—white throats, black-caps, warblers, swallows and thrushes—were at the time busy building their nests, and it was here that we heard the enchanting sound of our avian pacifist, the turtle-dove, while a few days later we went on an unsuccessful bird-hunting expedition with a Divisional General and his *aide-de-camp*.

Again we must be on the move, and in the garden of the Chateau at Coupigny-Hersin we enter another aviary, where we can lie on the cool May evenings and listen to the "ventriloquist rehearsal" of an iterine warbler, and attend the ornithological garden-party given in honour of General Babington's visit to the

* *Memoirs of a Camp Follower*, by Philip Gosse. Longmans. 10s. 6d.

special hospital. Alas! The peace is suddenly broken by the terrifying shriek of a huge approaching shell, and our Garden of Eden is soon ravished by several of these monstrous horrors.

At Fosse 10 work is heavy, and it is not till we reach the front-line trenches at Givenchy that we are introduced to that feline heroine, "The Landlady". We eagerly watch her, seated on the parapet of the fire trench, performing every minutiae of her toilet in full view of two vast contending armies, and then she disappears into No-man's Land till she feels inclined to return at dawn thirsty and ready for happy slumber. What a care-free spirit amid so much tension!

On the Somme our nerves became wrecked and our spirits lowered by continual noise and danger; it is not till we are near Monfières, under the safe roof of Monsieur et Madame Fosse, that we learn how many friends and even relatives one may have in a foreign country.

Although Hamelin town is in Germany, it was to the Director of Medical Services to the Second Army at Hazebrouck that the Pied Piper turned his attentions at a time when the trenches were becoming overrun with rats. No bag of gold or promise of promotion was offered as prize to the would-be rat catcher, so the riddance was undertaken by prophylaxis rather than the regimental drum and fife band. The rat campaign was later moved from Vieuxbec to the mobile laboratory at Remy Siding; it was there that the "scare" took place. A rat was sent from Reninghelst whose axillary glands and groins suggested bubonic plague; after verifying the cultures the alarm was raised, but it cost the country £5000 in unwanted Haffkin's plague vaccine.

Late in September, 1917 the good news arrived to say farewell to the bloody Salient, and "proceed" to England and then to the East. Here at last was the realization of a life's dream. India! What a land of ecstasy for a naturalist, in spite of dysentery and malaria. Poona, Khandala and the Nilgiri hills were happy hunting-grounds for mammals, especially for a very special kind of rope dancer (*Funambulus Gossei*), and an exceptional thick-tailed wrinkle-lip bat (*Tadarida Gossei*). But all good things have to end sometime, and in spite of the lethargy of Poona the news of the Armistice did eventually reach this outlying portion of the Empire.

The dangers of the war were yet to be surpassed, as it was at Salonika, on the journey home, that the miraculous escape of the Camp Follower took place. Let us hear his own confession: "During one of the Christmas parties a nurse took me for a little stroll to admire Mount Olympus by moonlight. Outside the building we discovered there was no moon, but the heavens were

aglow with twinkling stars which we agreed did just as well, if not better. Whilst we stood close together, much moved by the marvellous spectacle, the shrill blast of a steam whistle made us leap aside and a railway engine rushed past, missing us both by inches. We must have been so engrossed studying the heavens that we had not noticed we were standing on a railway line."

"Oh, I've had such a curious dream," said Alice, and as she sat on with closed eyes and half believed herself in Wonderland, she knew that she had but to open them again and all would change to dull reality. With these same feelings we land back once again with the Camp Follower and his twenty-two remaining boxes of luggage at Southampton, but Providence was kind throughout the Great War, and a few days later the two missing boxes followed us to London.

STUDENTS' UNION.

STUDENTS' UNION.

The Annual General Meeting was held on Thursday, March 15th, 1934. The following were elected officers for the year 1934-1935:

President: Dr. H. E. G. Boyle.

Vice-President: S. E. Furber.

Treasurer: Dr. Wilfred Shaw and Mr. Patterson Ross.

Secretary: J. G. Youngman.

Council: Constituency A—K. A. Latter, R. Mundy, J. D. Wilson, J. R. Kingdon, R. G. Gibson.

Constituency B—E. Hambley, R. Hanbury Webber.

Constituency C—Mr. S. J. Hadfield.

SECRETARY'S ANNUAL REPORT, 1933-1934.

The year has been an eventful one in the life of the Students' Union in the acquiring of the Merchant Taylors' School by the Medical College, which has provided a ground, five courts, gymnasium, and shooting range for the use of the Students' Union. By the kindness of the College, the Union pays no rent or rates for the amenities, but has undertaken to keep them in good condition. The ground and gymnasium have been invaluable for the purposes of training, and in the gymnasium a boxing ring has been erected and the boxing club meetings are held there. The five courts were four in number, but two of them have been converted into squash courts, and it is hoped that a squash club will be formed in the near future.

H.R.H. The Prince of Wales visited the site in December and showed great interest in the activities of the Union, and expressed his great pleasure at the welcome which was extended to him by the students.

The Annual Dance was held at Grosvenor House in November, at which there was a record attendance of over four hundred people. The receipts for the dance showed a profit of £46, £40 of which were handed over to the Dean for his Appeal.

Another dance organized by the pre-clinical students was held at the Merchant Taylors' in January, in aid of the Medical College Appeal, which was a great success, and yielded £50 for the Appeal.

The students' contribution to the Appeal now amounts to approximately £600; this figure is good, but the number of students contributing is only in the neighbourhood of 300—which seems hardly representative in a Union of this size.

As usual, considerable success has attended the activities of the Clubs of the Union:

THE RUGBY FOOTBALL CLUB.

This season the membership has been increased considerably, the Club being able to field seven teams on most Saturdays, as well as a

number of mid-week sides, the one regret being that in a club of such large membership only one pitch is available for play, necessitating the junior teams having to play away from home, with consequent difficulty in arranging fixtures.

The results are a little disappointing after the very successful year last year, the 1st XV being runners-up in the Hospital Cup Tournament. Results up to date are as follows:

	Played.	Won.	Drawn.	Lost.
1st XV	27	10	3	14
"A" XV	23	8	..	15
Ex "A" XV	24	13	..	11
"B" XV	17	8	1	8
Ex "B" XV	9	5	..	4
"C" XV	12	7	..	5
Ex "C" XV	8	5	..	3

In the Hospital Cup Competition the 1st XV reached the semi-final, in which they were narrowly beaten by St. Thomas's Hospital—11 pts. to 9 pts.—after a most exciting game. The "A" XV have reached the semi-final of the Junior Cup.

In April an inter-firm 7-a-side competition was held at Winchmore Hill, followed by a dance in the evening. The Light Blue firm were worthy winners of the competition. The dance, which was an unqualified success, was held at No. 16, Bruton Street. A similar competition and dance is being held on April 14th this year.

THE CRICKET CLUB.

The Cricket Club has a successful season, the results being as follows:

	Played.	Won.	Drawn.	Lost.
1st XI	19	9	4	6
2nd XI	15	8	3	4

For the third successive season both teams reached the final of the Hospital Cup. The 1st XI were defeated by St. Thomas's in a close and exciting game by one wicket, and the 2nd XI won their match, thereby winning the Junior Cup for the third successive season.

Three centuries were scored—one in the 1st XI by A. Boney, two in the 2nd XI by G. Wedd and A. Wheeler.

In the final against St. Thomas's Wedd scored 181 in two innings, and also took 10 wickets for 188 runs.

ASSOCIATION FOOTBALL CLUB.

The Club has had a more successful season this year. Results are as follows:

	Played.	Won.	Drawn.	Lost.
1st XI	18	8	2	8
2nd XI	17	5	2	10
3rd XI	13	6	1	6

In the Hospitals Cup Competition both 1st and 2nd XI's have so far reached the final round, and are due to meet Guy's Hospital. Since the writing of this report both teams have won the Inter-Hospitals competitions.

THE HOCKEY CLUB.

With a slightly larger membership than last year it has been possible to field three teams on most Saturdays. The season started badly, but has since improved. Results:

	Played.	Won.	Drawn.	Lost.
1st XI	21	8	4	9
2nd XI	18	4	1	13
3rd XI	4	4

In the Hospital Cup Competition the 1st XI has reached the semi-final and the 2nd XI the final. Both teams have reasonable chances of winning.

ATHLETIC CLUB.

The Athletic Club succeeded in winning the Inter-Hospital Championship Shield after having been runners-up for the past six years with a score of 62 points—a high score, and indicative of the all-round strength of the Hospital team. Four champions were provided by the team, and C. P. C. Reilly was awarded the "Princess Marie Louise" Cup for the best individual performance in breaking the 440 yards hurdle record, and also the "B.M.A." Cup for the best all-round athlete.

The Club was fortunate in being able to arrange several fixtures over and above those usually held, namely, the Annual Sports and Inter-Hospitals Competitions. These were against Monckton Combe School, Emmanuel, Queens' and Caius Colleges, Cambridge, Southgate and Lensbury Harriers, Barclays Bank and St. Thomas's Hospital; a comfortable victory was scored on each occasion.

The Annual Sports were held at Winchmore Hill, and no less than five Hospital records were broken. The amenities for training at the Merchant Taylors' have proved invaluable, and it is hoped that this year will prove even more successful than last for the Athletic Club.

THE BOXING CLUB.

There has been a considerable increase of members this year and much new talent has been discovered. The new Gymnasium has proved invaluable for training purposes. A fixture with University College was held on January 19th, resulting in a win for the Club by 5 bouts to 2. Six members of the Club have represented the United Hospitals team in the matches against Oxford University and London University. Matt Wells continues to be invaluable as trainer and instructor to the Club. In the Inter-Hospitals Competitions the Club scored a record win, scoring 34 points, with St. Mary's second with 17 points. Six members of the Club won their respective weights.

THE SAILING CLUB.

The Sailing Club had a most successful year, winning no less than three cups presented for inter-hospital sailing.

The Harvey Cup, presented for races held on Saturdays other than Bank Holidays, and in Burnham Week, was won easily by 79 points to 28 scored by St. Mary's, the runners-up.

The Bourne Trophy, for races held on Bank Holidays and in Burnham Week, was won by 1 point.

The Wilson Cup for single-handed racing was won by W. H. Cartwright.

In the Sherran Cup, W. H. Cartwright and R. G. Macfarlane sailed in the first and second rounds of the first race, and G. C. Brentnall and K. F. Stephens in the second race. Both races were won.

During the past year the United Hospitals Sailing Club have managed to acquire the site for a club-house of its own. This is now in the hands of the builders, and is expected to be ready for the use and benefit of members early next season.

THE RIFLE CLUB.

The season on the open range, though producing no team trophies, was highly satisfactory. Two members represented the United Hospitals Astor Cup Team, and three gained prizes at the United Hospitals Prize Meeting.

On the miniature range the Club has had a very successful season: of 41 matches shot, no less than 32 have been won. So far last year's unbeaten record in inter-hospital matches has been maintained. In the Engineers' Cup League, containing eight teams representing hospitals and colleges in the London area, the Club is at the head—a position it has occupied since the beginning of the season. In the City of London Rifle League Competition, the "A" team is third in a division of 10 teams, and the "B" team fifth in a division of 11. Keen competition has been shown in the Hospital cups, and a new knock-out tournament involving rapid fire at clay discs is about to commence.

GOLF CLUB.

The Golf Club had quite a successful year, though of seven matches played, only three were won, but the Club managed to reach the final of the Inter-Hospitals Competition by defeating King's, St. Mary's and the London Hospital, but were narrowly beaten in the final by St. Thomas's Hospital.

In the Staff v. Students Match the Staff won by 24½ points to 6½, and Dr. Wroth and G. D. Wedd won the Staff and Students' Foursomes.

The Girling Ball Cup was won by R. B. Halford, and the Hospital Cup by R. H. Purnell.

THE BOAT CLUB.

Unfortunately it was impossible to raise an eight during the year, but it is hoped that this year the Club will be able to do so.

THE AMATEUR DRAMATIC SOCIETY.

The Amateur Dramatic Society celebrated its fiftieth Anniversary. In January the Society presented *Bird in Hand*, by John Drinkwater, which was produced by Stanhope Furber, preceded by a one-act play by Saki called *The Death Trap*, produced by Eric Jewesbury. The Hospital Musical Society provided an excellent orchestra. The performances were well received by full houses.

LAWN TENNIS CLUB.

The Lawn Tennis Club had an enjoyable and successful season. Results:

	Played.	Won.	Lost.
1st VI	13	9	4
2nd VI	6	4	2

Many matches had to be scratched owing to bad weather. In the Inter-Hospitals Competition the 1st VI were beaten in the final by St. Thomas's, and in the junior competition the 2nd VI were beaten in the 2nd round by St. George's.

W. K. Frewen won the Hospital singles tournament.

ABERNETHIAN SOCIETY.

The Abernethian Society has had a very successful year, and the lectures and clinical evenings arranged for the Society have been well attended, particularly in the latter part of the year.

The opening address of the Summer Session was given by Prof. Burgess, who dealt in a refreshing manner with the historical aspect of "Cutting for the Stone".

On June 29th Dr. Canti issued a running commentary to his extremely interesting cinematograph films of the culture of living tissues *in vitro*.

The Inaugural Address of the Michaelmas Session was delivered on October 19th, 1933, by Sir Henry Gauvain, his subject being "Twenty-five Years at Treloar's"—a review of the strides made in the physical treatment of tuberculous infections; and on February 30th an extremely interesting informal discussion on "Osteopathy" between Mr. Macdonald and Mr. Elmslie took place before a very large audience.

The final meeting of the year was given by John Drinkwater, who read some of his poems to a large and enthusiastic audience.

Two clinical evenings have been held, but the Secretaries feel that this number should be increased during the coming year, as they have been well attended, and considerable interest has been shown.

FIVES CLUB.

The Fives Club has not been as successful as it was hoped. Results: played 12, won 4, lost 8.

All matches were played in the court in the Hospital.

The Club acquired four courts at the Merchant Taylors', two of which have been converted into squash courts by the Students' Union. This step has been amply justified, as the squash courts are in almost constant use.

The singles and doubles competition in fives is still being played.

THE SWIMMING CLUB.

The Swimming Club had a most successful season, winning most of their matches.

In the Inter-Hospitals Competition all three Challenge Trophies were won.

In the six-a-side relay the Club was third.

The Diving Cup was won by the Club owing to the excellence of the diving of C. A. Brockbank.

The water polo cup was won for the fifth year running.

Finally, Gentlemen, we wish the Students' Union every success in the coming year, and beg to remain,

Your obedient servants,
STANHOPE E. FURBER.
J. G. YOUNGMAN.

ABERNETHIAN SOCIETY.

A Sessional Meeting was held at 8.30 p.m. on February 1st, 1934, in the Medical and Surgical Theatre, before a large audience.

The minutes of the previous meeting were read and confirmed, and the President, Mr. Leishman, then introduced the guest of the evening, Mr. John Drinkwater, to the Society, referring to the

extremely successful production of *Bird in Hand* by the Hospital Amateur Dramatic Society during the previous month, and to the amazingly wide range of subjects of which Mr. Drinkwater showed himself a master.

Mr. Drinkwater, before he turned to his latest volume of poems—*Summer Harvest*—dealt briefly with a few of the many poets who had also been of the medical profession. Taking as examples Hale White, Keats, and Robert Bridges, he put forward the view that the many and varied personal contacts and experiences realized and undergone by doctors provided a valuable field for the exercise of a poetic temperament.

He expressed his scorn, however, for those "canting dilettantes" who make a mere pretence of poetry and art, without applying themselves assiduously to the realization and practice of the basic principles of such arts.

He then turned to *Summer Harvest*, from which he read extracts, introducing the different sections of the book with vivid descriptions of circumstances under which the works were produced, and the experiences that inspired the poems. Commencing with "Egyptian Idylls", of which he read "Nile Fisherman", "Egyptian Camel Corps", and "Fellaheen", he reminded us that that country was a wonderful historical background, "where one is ever reminded of the immemorial continuity of Life".

Mr. Drinkwater then passed to "American Vignettes", and indicated how moved he was with the raw, yet hospitable freshness of this young country, "where one is always coming up against things and situations that are now epigrams". Of this section he read "The Overcoat" and the delightful "Uncle Wat".

He followed with a few extracts from "Diversions", "Men and Occasions", and closed with "Water Meadows", "Amaranth" and "Summer's End" from "Green Acres", a poem especially appreciated by the enthusiastic audience being "Note to Walter de la Mare", from the section "Penelope's Poems".

The vote of thanks was proposed by LORD HORDER in his inimitable manner, who informed the Society that he had had the honour of saying good-night that evening to Penelope Anne who was the origin of the "Note to Walter de la Mare"; Mr. BLACKBURN ably seconded the vote of thanks.

Mr. Drinkwater replied briefly, bringing to an end a highly successful and refreshing evening.

A. H. HUNT, Hon. Secs.
A. INNES

RECENT BOOKS AND PAPERS BY
ST. BARTHOLOMEW'S MEN.

- ADAMSON, H. G., M.D., F.R.C.P. "The Real Position of Willan and Bateman's Teaching in Regard to Eczema." *British Journal of Dermatology and Syphilis*, December, 1933.
- ADDISON, The Right Hon. CHRISTOPHER, P.C., M.D., F.R.C.S. *Four and a Half Years*. Vol. i. London: Hutchinson & Co., 1934.
- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S.(Edin.). "Cavernous Nævi." *Lancet*, January 6th, 1934.
- BOYLE, H. E. G., O.B.E., M.R.C.S., L.R.C.P. "Nitrous Oxide: History and Development." *British Medical Journal*, January 27th, 1934.
- BRAMBRIDGE, C. V., F.R.C.S.(Edin.). "Rupture of the Duodenum." *British Medical Journal*, February 17th, 1934.
- BURROWS, H. JACKSON, M.B., F.R.C.S. "Two Cases of Ossification in the Internal Semilunar Cartilage." *British Journal of Surgery*, January, 1934.
- BURROWS, HAROLD, C.B.E., M.B., F.R.C.S. "The Occurrence of Scrotal Hernia in Mice under Treatment with Oestrin." *British Journal of Surgery*, January, 1934.
- CAMIDGE, P. J., M.D. "The Prognosis of Symptomless Glycosuria." *British Medical Journal*, December 30th, 1933.
- "Hereditas as a Factor in the Aetiology of Diabetes Mellitus." *Lancet*, February 24th, 1934.
- COCHRANE, R. G., M.D., M.R.C.P., D.T.M.&H. "Leprosy in India and Ceylon." *Leprosy Review*, January, 1934.
- CORSI, H., M.B., F.R.C.S. "Dermatitis Bullosa Pratensis Striata." *British Journal of Dermatology and Syphilis*, December, 1933.
- CUMBERBATCH, ELKIN, M.A., B.M., B.Ch., D.M.R.E., F.R.C.P. "The Action and Uses of the Diathermic Current." *Practitioner*, February, 1934.

- DAVIES, J. H. TWISTON, M.B. "Common Growths of the Skin and their Treatment." *Medical Forum*, October-December, 1933.
- DONALDSON, MALCOLM, M.B., F.R.C.S. *Radiotherapy in the Diseases of Women*. London: Hodder & Stoughton, 1934.
- DOWNER, R. L. E., M.D. "Subacute Inversion of the Uterus." *British Medical Journal*, February 24th, 1934.
- DUNDAS-GRANT, Sir JAMES, K.B.E., M.D., F.R.C.S. "Diet in the Treatment of Lupus." *Practitioner*, January, 1934.
- GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S., and ROSS, J. PATERSON, M.S., F.R.C.S. *The Surgery of the Sympathetic Nervous System*. London: Baillière, Tindall & Cox, 1934.
- GAUVAIN, Sir HENRY J., M.A., M.D., M.Chir., F.R.C.S. "Reflections on Sun Treatment: The Theory of Varying Stimuli and Varying Response." *Practitioner*, February, 1934.
- HALL, ARTHUR J., M.A., M.D., D.Sc.(Hon.), F.R.C.P. "Bodily Diseases in Mental Disorders." *British Medical Journal*, January 27th, 1934.
- HAMILL, J. M., O.B.E., M.D., D.Sc. "Milk." *Lancet*, December 30th, 1933.
- KEYNES, GEOFFREY, M.A., M.D., F.R.C.S. "The Radium Treatment of Primary Carcinoma of the Breast." *The Canadian Medical Association Journal*, January, 1934.
- KLABER, ROBERT, M.D., M.R.C.P. "Primary Cutaneous Actinomycosis: With a Note on the *Bacillus actinomycetem comitans*." *British Journal of Dermatology and Syphilis*, January, 1934.
- MAXWELL, JAMES, M.D., M.R.C.P. "A Further Note on the Plasma Cholesterol in Nephritis." *Quarterly Journal of Medicine*, January, 1934.
- NELSON, H. P., M.D., F.R.C.S. "Collapse Therapy in Bronchiectasis." *British Medical Journal*, January 13th, 1934.
- NICOL, W. D., M.B., B.S., M.R.C.P., D.P.M. "The Relation of Syphilis to Mental Disorder and the Treatment of G.P.I. by Malaria." *British Journal of Venereal Diseases*, October-December, 1933.
- NIXON, J. A., C.M.G., M.D., F.R.C.P. "Adequate Diets in Diabetes Mellitus: A New Approach." *Practitioner*, January, 1934.
- "Food Values and their Practical Application to Dietetics." *British Medical Journal*, January 6th, 1934.
- PAYNE, REGINALD J., M.B., B.S., F.R.C.S. "Infra-Red Photography of the Superficial Venous System." *Lancet*, February 3rd, 1934.
- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Some Early Surgical Cases. II: The Edwin Smith Papyrus." *British Journal of Surgery*, January, 1934.
- PREISKEL, I., M.B., F.R.C.S. (H. L. ATTWATER, M.Chir., F.R.C.S., and I. P.). "Excision of a Traumatic Stricture." *Lancet*, December 23rd, 1933.
- PYBUS, F. C., M.S., F.R.C.S. "A Case of Gas-cysts of the Intestine." *British Journal of Surgery*, January, 1934.
- RAY, P. N., F.R.C.S. "Spontaneous Dislocation of the Hip in Childhood." *British Journal of Surgery*, January, 1934.
- ROBINSON, C. A., B.A., M.B., D.M.R.E. "Diathermy in Gynaecology." *Practitioner*, February, 1934.
- ROLLESTON, Sir HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "Methods of Physical Treatment: Introduction." *Practitioner*, February, 1934.
- ROSS, J. PATERSON, M.S., F.R.C.S. See Gask and Ross.
- "Hypodermolithiasis." *British Medical Journal*, February 10th, 1934.
- SHAW, WILFRED, M.D., F.R.C.S., F.C.O.G. "Ovulation and Menstruation." *British Medical Journal*, January 6th, 1934.
- SLOT, GERALD M., M.D., M.R.C.P., D.P.H. "Treatment of Arthritis and Rheumatism with Gold." *Lancet*, January 13th, 1934.
- SPACKMAN, W. C., Lt.-Col. I.M.S., M.B., B.S., F.R.C.S.(Edin.). "A Case of Ovarian Pregnancy." *British Medical Journal*, February 10th, 1934.
- STRETTON, J. W., F.R.C.S. "Catgut Tube Forceps." *Lancet*, February 24th, 1934.
- VINES, H. W. C., M.A., M.D. (L. R. BROSTER, O.B.E., D.M., M.Ch. (Oxon.), F.R.C.S.(Eng.), and H. W. C. V.). *The Adrenal Cortex: A Surgical and Pathological Study*. London: H. K. Lewis & Co., 1933.
- WEBER, F. PARKES, M.D., F.R.C.P. "Familial Asthenia ('Paralytic') Type of Thorax with Congenital Ectopia of Lenses." *Lancet*, December 30th, 1933.
- WILSON, W. ETHERINGTON, F.R.C.S. "Intra-theal Nerve Root Block." *British Journal of Anaesthesia*, January, 1934.

CHANGES OF ADDRESS.

- ALDRIDGE, J. S., Juba, Sudan.
- BENISON, R. L., 5, Harrington Square, N.W. 1.
- BRAIMBRIDGE, C. VINEY, Coolgardie, Aldwick Road, Bognor Regis.
- CORFE, F. R., 136, High Street, Brentwood, Essex. (Tel. Brentwood 231.)
- CUSACK, M. K., Grianán, Dungarvan, Co. Waterford.
- FEAR, R. G., The Donhead Surgery, The Old Mill, Donhead, near Shaftesbury, Dorset.
- MORE NISBETT, Surg.-Lt. J. G., R.N., H.M.S. "Courageous", c/o G.P.O., London.
- POWELL, J. C., 11, Upper Wimpole Street, W. 1. (Tel. Welbeck 2502.)
- SMITH, Surg.-Capt. W. C. B., R.N., St. Gabriel's, Denville, Havant, Hants.
- STORER, R. V., 9a, Cavendish Square, W. 1.

APPOINTMENT.

- WEST, R. G. R., M.D., M.R.C.P., appointed University Demonstrator of Pharmacology, Oxford.

BIRTHS.

- ELLIS.—On February 25th, 1934, at Bourton, Dorset, to Mary, wife of George E. Ellis, M.B.—a daughter.
- MILNER.—On March 19th, 1934, at Blythwood, West Common, Harpenden, to Monica, wife of J. G. Milner, F.R.C.S.—a son.
- RECORDON.—On March 5th, 1934, at 51, Bateman Street, Cambridge, to Frieda (née Robertson), wife of Dr. Esmond Recordon—a son.
- SPENCE.—On March 23rd, 1934, at 20, Devonshire Place, W. 1, to Lena (née Hutchison), wife of Dr. A. W. Spence—a son.

MARRIAGE.

- MORGAN—KEMP.—On January 11th, 1934, at St. Margaret's, Warnham, near Horsham, by the Rev. Canon Bartlett, assisted by the Rev. F. S. Farebrother, Dr. George Sydney Morgan, of Newlands, Horsham, second son of the late Mr. G. H. Morgan and of Mrs. Morgan, of Shrewsbury, to Dorothy Joan, second daughter of Dr. and Mrs. J. H. Kemp, of Woodchester, Horsham.

DEATHS.

- HOPE.—On March 24th, 1934, at King Edward VII Hospital, Windsor, following an operation, Dr. John Lamplugh Allen Hope, M.R.C.S., L.R.C.P., of Devonshire House, Addlestone, Surrey, eldest son of the late Rev. Sackett Hope, of Oxford and Folkestone, aged 67.
- SYLVESTER.—On March 23rd, 1934, at Bournemouth, Lt.-Col. George Holden Sylvester, late R.A.M.C.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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